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	Paper No.:
DATE : 9/8/04	
	 -
TO SPE OF:ART UNIT 2523	
•	1001010
SUBJECT : Request for Certificate of Corre	ection on Patent No.: <u>682/818</u>
A response is requested with respect to the	accompanying request for a certificate of correction.
Please complete this form and return wit	th file, within 7 days to:
	rection Branch – South Tower – 9A22
•	oloyee (named below) via PUBSCofC Team in
With respect to the change(s) requested, co patent read as shown in the certificate of cor should the scope or meaning of the claims be ch	prrecting Office and/or Applicant's errors, should the rection (COCIN)? No new matter should be introduced, no anged.
	Valerie Jackson
Thank You For Your Assistance	Certificates of Correction Branch
THAIR TOUT OF TOUT ASSISTANCE	Tel. No. 703-308-9390 ext. 114
	*
Note your decision on the appropriate box.	
	ntified correction(s) is hereby:
Note your decision on the appropriate box. Approved	ntified correction(s) is hereby: All changes apply.
☐ Approved in Part☐ Denied	ntified correction(s) is hereby: All changes apply. Specify below which changes do not apply.
Approved Approved in Part Denied Comments:	ntified correction(s) is hereby: All changes apply. Specify below which changes do not apply.